



CITY OF FREMONT
Finance Department
Revenue Division

Business Tax ID# _____

Application – Clean Technology / Biotechnology Business Tax Exemption

Section 1: Business Information

1.	Enter Federal Employer Identification number:		
2.	Enter Business Tax Certificate number:		
3.	Enter name of business:	URL:	
4.	Enter principal Fremont business location: (Street address)		
5.	Will your company engage in clean technology or biotechnology business in more than one location in Fremont? Circle one.	Yes	No
	If yes, list each location address below:		
	(a)		
	(b)		
6.	(a) NAICS Code to describe your business:		
	(b) SIC Code to describe your business:		
	(c) Brief narrative of business operations:		

Section 2: Payroll Tax Exemption Information

7.	Enter estimated number of employees working in Fremont:	
8.	Enter estimated number of employees working outside of Fremont:	

Qualifying for the Business Tax Exemption

The business tax exemption applies to all Fremont businesses that employ a full-time staff and are engaged in a clean technology or biotechnology R&D and/or manufacturing business. If your business qualifies, then all compensation paid in direct support of the business' clean technology or biotechnology efforts may be excluded from the payroll expense tax base, subject to the conditions and limitations set forth in the Fremont Business and Tax Regulations Code, Section 5-1107.1. (Note: Independent contractors shall not be considered employees of the clean energy technology or biotechnology business and do **not** qualify for this tax exemption.)

Each year Annual Business Tax Return Renewal and Exemption Form will be sent. Both forms should be completed and returned by the deadline. In the event of a loss of exemption status (due to a change in business operations) the entire amount of the business tax will be due within 30 days.

I understand that the facts supporting my application for the Business Tax Exemption, as set forth on this worksheet, are subject to audit by the Fremont Tax Collector. Under the laws of the State of California, I declare under penalty of perjury that I have read the foregoing and that it is true, correct, and complete to the best of my knowledge and belief.

Sign: _____

Date: ____/____/____

Print Name: _____

Contact Number: (____) _____

Title: _____

Fax Number: (____) _____

Email: _____

For questions, please contact Revenue Division at (510) 494-4790